FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 FORM D

OCT 0 9 2007

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTI

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2008

Estimated average burden

hours per response..... 1

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sale of Series D Preferred Stock and any Common Stock issuable upon conversion thereof								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE							
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Santur Corporation								
Address of Executive Offices (Number and Street, City, State, Zip Code) 40931 Encyclopedia Circle, Fremont, CA 94533	Telephone Number (Including Area Code) (510) 656 7130							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above Telephone Number (Including Area Code) same as above								
Brief Description of Business Provider of optical networking components.	PROCESSED							
Type of Business Organization Corporation Iimited partnership, already formed business trust Iimited partnership, to be formed other	(please specify): OCT 1 1 2007 THOMSON							
Month Year	FINANCIAL							
Actual or Estimated Date of Incorporation or Organization: 1 1 0 0	,							
CN for Canada; FN for other foreign jurisdiction)	D E							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Each promoter of the issuer, if the issuer has been organized within the past five years. Each the enterficial owner having the power to vote or disposor, or disposition of, 10% or more of a class of equity securities of the issuer Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each general and managing partner of partnership issuers. Check Box(es) that Apply:				A	. BASIC ID	ENTI	FICATION DATA				
Managing Partner Full Name (Last name first, if individual) Pezeshki, Bardia Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	 Each promoter of th Each beneficial own Each executive office 	e issue er hav er and	r, if the issuer l ing the power t director of cor	has been to vote of porate i	or dispose, or direct the ssuers and of corporat	e vote	or disposition of, 10%	or m	ore of a class o	f equity	securities of the issue
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Clrcle, Fremont, CA 94533 Check Box(es) that Apply:	Check Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner	Ø	Executive Officer	\boxtimes	Director		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	Full Name (Last name first, i	f indiv	ridual)	_			*				
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Laplante, George Business or Residence Address (Number and Street, City, State, Zip Code) Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) Lock Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) Lock Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Pezeshki, Bardia										<u></u>
Check Box(es) that Apply:	Business or Residence Addre	ss (Nu	imber and Stre	et, City	, State, Zip Code)						
Managing Partner Full Name (Last name first, if individual) Laplante, George Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	c/o Santur Corporation, 409	931 Er	icyclopedia C	ircle, I	Fremont, CA 94533						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	Check Box(es) that Apply:		Promoter		Beneficial Owner	⊠	Executive Officer		Director		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	•	findiv	ridual)								
Check Box(es) that Apply: Promoter Beneficial Owner Subscription (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Laplante, George										
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)		-			· · · ·						
Managing Partner Full Name (Last name first, if individual) Meissner, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	c/o Santur Corporation, 409	931 Er	icyclopedia C	ircle, I			 .				· .
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	Check Box(es) that Apply:		Promoter		Beneficial Owner	☒	Executive Officer	☒	Director		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply:	Full Name (Last name first, i	findiv	ridual)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Meissner, Paul										·····
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Addre	ss (Nu	imber and Stre	et, City	, State, Zip Code)						
Full Name (Last name first, if individual) Sessions, Andrew Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	c/o Santur Corporation, 40	931 Er	icyclopedia C	ircle, l	Fremont, CA 94533						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	⊠	Director		
c/o Thomas Weisel Venture Partners, L.P., Pacific Telesis Tower, One Montgomery Street, San Francisco, CA 94104 Check Box(es) that Apply:	Full Name (Last name first, i Sessions, Andrew	f indiv	ridual)								
Full Name (Last name first, if individual) Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)				-	= '	ontgo	omery Street, San F	ranci:	sco, CA 9410	4	
Nancy Handel Business or Residence Address (Number and Street, City, State, Zip Code) c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		
c/o Santur Corporation, 40931 Encyclopedia Circle, Fremont, CA 94533 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	•	f indiv	ridual)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Business or Residence Addre	ss (Nu	ımber and Stre	et, City	, State, Zip Code)						
Full Name (Last name first, if individual)	c/o Santur Corporation, 40	931 Eı	ncyclopedia C	ircle, l	Fremont, CA 94533		•				
	Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	×	Director		
	Full Name (Last name first, i Calhoun, Hal	findiv	vidual)	_							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

_	·			A	. BASIC IDI	ENTI	FICATION DATA			_	
2.	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Che	ck Box(es) that Apply:		Promoter	\boxtimes	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
	Name (Last name first, i	f indiv	idual)							,	
	iness or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)					-	
	Santur Corporation, 40	-		_	-						
Che	ck Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
	Name (Last name first, i	f indiv	idual)								
	iness or Residence Addre	ss (Nu	mber and Stre	et, City	, State, Zip Code)				•		
	Sequoia Capital, 2460 S			-	=						
Che	ck Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i	findiv	idual)								
	iness or Residence Addre La Para Ave, Palo Alto			et, City	, State, Zip Code)						
Che	ck Box(es) that Apply:		Promoter	☒	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i	findiv	idual)				-				
	iness or Residence Addre Santur Corporation, 40	-									
	ck Box(es) that Apply:		Promoter	☒	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, i	f indiv	idual)								
	iness or Residence Addre 0 Sand Hill Road, Build				•						
	ck Box(es) that Apply:		Promoter	⊠	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
	Name (Last name first, uoia Capital X	findiv	idual)								
Bus	iness or Residence Addr	ess (Nu	mber and Stre	et, City	, State, Zip Code)						
246	0 Sand Hill Road, Menl	o Parl								•	
			(Use blan	ık sheet	, or copy and use add	dition	al copies of this shee	i, as n	ecessary)		

			A	. BASIC IDI	ENTI	FICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply:	☐ P	romoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Thomas Weisel Venture Par										
Business or Residence Addre	ss (Numb	er and Street	t, City	, State, Zip Code)						
Pacific Telesis Tower, One !	-									
Check Box(es) that Apply:	P	romoter	×	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individu	ıal)		- • •						 .
VantagePoint Venture Part	ners IV(Q), L.P.								
Business or Residence Addre	ss (Numb	er and Stree	t, City	, State, Zip Code)		 :				
1001 Bayhill Drive, Suite 30	0, San B	runo, CA 94	1066							
Check Box(es) that Apply:	P	romoter	\boxtimes	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividu	ıal)								
Lighthouse Capital Partner	s III, L.F	> .								
Business or Residence Addre	-		_	, State, Zip Code)						
Check Box(es) that Apply:	P	romoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	findividu	ıal)								
Lighthouse Capital Partner	s IV, L.F	.								
Business or Residence Addre 500 Drakes Landing Road,				, State, Zip Code)						
Check Box(es) that Apply:	☐ P	romoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	findividu	ıal)						.,-		
Business or Residence Addre	ss (Numb	per and Stree	t, City	, State, Zip Code)	· —					
Check Box(es) that Apply:	☐ P	romoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findividu	ıal)								
Business or Residence Addre	ss (Numb	per and Stree	t, City	, State, Zip Code)						
· · · · · · · · · · · · · · · · · · ·		(Use blank	sheet.	, or copy and use add	lition	copies of this sheet	, as n	ecessary)		 · ·

				B.	INFOR	MATION A	ABOUT OF	FERING		•		
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											No
2. What	t is the minimu	m investmen	t that will be	accepted fro	m any indivi	dual?					\$ Yes	N/A No
	Does the offering permit joint ownership of a single unit?										⊠	
simil assoc deale	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
	(Last name fir							<u></u>				
Business o	r Residence A	ddress (Numl	per and Stree	t, City, State	, Zip Code)							
Name of A	ssociated Brol	ker or Dealer				····						
States in V	Vhich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individuals States)											☐ Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[עד]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individu	ıal)						-		·	
Business	r Residence A	ddraec (Nium	nar and Stree	t City State	7in Code)							
			oei and oucc	i, City, State	, 21p Code)							
Name of A	Associated Brol	ker or Dealer										
States in V	Vhich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers					·	••••	
(Check	"All States" or	check indivi	duals States)								□ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	(MN)	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	DICI	() (D)	(011)		(0.01	[PA]
						1	[NC]	[ND]	[OH]	[OK]	[OR]	[]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	נטאן [WA]	[WV]	[OK] [WI]	[OK]	[PR]
	[SC]											
Full Name		st, if individ	ual)	[TX]	[UT]							
Full Name	(Last name fir	rst, if individe	ual) ber and Stree	[TX]	[UT]							
Full Name Business of	(Last name fir	rst, if individud ddress (Num ker or Dealer	pal) ber and Stree	[TX]	[UT]	[VT]						
Full Name Business of A Name of A	r (Last name fin	rst, if individual ddress (Num ker or Dealer Listed Has So	ber and Stree	[TX]	[UT] , Zip Code) it Purchasers	[VT]	[VA]				[WY]	
Full Name Business of A Name of A	(Last name fir or Residence A Associated Brol Which Person L	rst, if individual ddress (Num ker or Dealer Listed Has So	ber and Stree	[TX]	[UT] , Zip Code) it Purchasers	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name Business of A States in V (Check [AL] [IL]	(Last name fine) or Residence Acassociated Brole Which Person L "All States" or [AK] [IN]	ddress (Number of Dealer Listed Has So check individual)	ber and Stree licited or Inte duals States) [AR]	(TX)	(UT) , Zip Code) it Purchasers [CO] [LA]	[VT] [CT] [ME]	[DE]	[WA]	[FL]	[WI]	[WY]	[PR] I States [ID] [MO]
Full Name Business of Name of A States in V (Check [AL]	(Last name fire or Residence Acts of Res	st, if individual ddress (Number or Dealer Listed Has So check individual)	ber and Stree licited or Inte duals States)	(TX)	(UT) , Zip Code) it Purchasers	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security Debt		\$ 0
	Equity		-
	☐ Common ☑ Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$ 0	\$ 0
	Partnership Interests		so
	Other (Specify)		\$
	Total		\$ 25,348,057.64
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>20,521,125</u>	\$ <u></u>
	•••		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	15	\$ <u>25,348,057.646</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	15	\$ <u>25,348,057.64</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$ N/A
	Regulation A	N/A	\$N/A
	Rule 504		\$N/A
	Total	N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees		\$ 60,000
	Accounting Fees		\$
	Engineering Fees		s
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		s
	Total		\$ 60,000

	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	d	\$ <u>26,461,125</u>						
5.	F								
		Payments to Officers, Directors & Affiliates	Payments To Others						
	Salaries and fees	S	□ s						
	Purchase of real estate	□ \$	□ s						
	Purchase, rental or leasing and installation of machinery and equipment	s	□ s						
	Construction or leasing of plant buildings and facilities	□ \$	□ s						
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ s	□ \$						
	Repayment of indebtedness	□ \$	□ \$						
	Working capital								
	Other (specify):	\$	□ \$						
	Column Totals								
	Total Payments Listed (column totals added)	⊠ \$ 26.46	1 125						

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C.

	D.	FEDERAL SIGNAT	URE	
The issuer has duly caused this notice to be si an undertaking by the issuer to furnish the U. non-accredited investor pursuant to paragraph	S. Securities and Exchang	duly authorized person. If ge Commission, upon write	this notice is f ten request of	filed under Rule 505, the following signature constitutes its staff, the information furnished by the issuer to any
Issuer (Print or Type)	Signature	dist.	7	Date 2 cl-1 (C - 2 - 7
Santur Corporation	-10	wally-		1000 4, 000 +
Name of Signer (Print or Type)	Title of Signe	er (Print or Type)		
George Lanlante	Chief Vinanci	ial Kifficar		

ATTENTION

Intentional Misstatements or Omissions of Fact Constitute Federal Criminal Violations. (See 18. U.S.C. 1001.)

 $\mathbb{E}\mathcal{N}\mathcal{D}$